



We Rage, We Weep
Alzheimer Foundation

Partners in Giving - Change of Information Form
Registered Charity BN: 80814 2277 RR0001

I hereby authorize the We Rage, We Weep Alzheimer Foundation to make the following changes to my monthly donation:

Today's date: _____

- Please cancel my donation.
- Please change my information:

Donor Information:

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone (home): _____

Phone (work): _____

E-mail: _____

Option 1 - Change Monthly Cash Withdrawal

I authorize We Rage, We Weep Alzheimer Foundation to automatically withdraw the amount indicated from my bank account. I have provided a blank void cheque.

Signature: _____

- On the 15th OR
- On the 30th.

Option 2 - Change Monthly Credit Card Withdrawal

Here is my credit card information. Please charge my:

- Visa
- Mastercard

Card # _____

Expiry (mm/yyyy) _____

Signature: _____

Changes received before the 15th of the month will be applied to the following month.

Please complete this form, and mail to:

We Rage, We Weep Alzheimer Foundation
707-828 Rupert Terrace Victoria, BC V8W 0A7

We Rage, We Weep Alzheimer Foundation is committed to protecting your privacy and personal information. The information you provide will be used to issue a tax receipt and to keep you informed of the Foundation's activities including programs, services, special events, funding needs, and opportunities to volunteer or give through our newsletter. If at any time you wish to be removed from any of these contacts, please let us know by emailing info@weragewweep.com or call: (250) 920-9573.